MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

图63-030666

	ion) Limits
VS 300 Rev. 4/59 Bev. 4/59 Control of stay in 1b control of stay	lion) Limits
B. CITY (If outside conforate limits, give JOWNSHIP only) Length of stay in 1b C. CITY OR TOWN C. FULL NAME OF (If NOT in hospital one total only) Loside Limits C. FULL NAME OF (If NOT in hospital one total only) Loside Limits Ves No	
2 22 HOSPITAL OR INSTITUTION TO MER G. Thillips Yes No Consider timits Constitution to Merch No. No. ADDRESS ADD	
2 22 HOSPITAL OR INSTITUTION TO MER G. Thillips Yes No Consider timits Constitution to Merch No. No. ADDRESS ADD	
2 22 / S INSTITUTION TO WER G. 971 1 103 Yes No D 24/0 DIDUTE Tr Yes D 3. NAME OF DECEASED First Middle / Last 4. DATE Month Day	on Farm
3. NAME OF DECEASED First Middle Last 4. DATE Month Day	No 🗆
	Year 3
4 3 A Chel Williams DEATH 7 30 6	ER 24 HR
5 2 Remale Colored Widowed & Divorced 9-12-1902 60 Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done to the low of the lo	UNTRY
7 136. MOTHER'S MAIDEN NAME OF HUSBAND OR WIFE	
SUSIE NONE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. LIZ-INFORMANT Address Address	
(Yes, no, or unknown) Wife give war or dates of servi	<i>2</i>
OF THE OF DEATH (Fate only one way on the Art (a) the	ETWEEN
10 GILL STORY OF CAUSE OF THE A MAG O A A CO	DEATH
12 77.3 SE SE Conditions, if any, which gave rise to above cause (a), stating the under,	
above cause (a), stating the under- lying cause last, DUE TO (c)	
ying cause task.) Out to (t)	nale was
disease condition given in PART I (a)	Unknown
19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item I	B.)
Z Oc. TIME OF Houl Month, Day, Year INJURY a.m. p.m.	
P.m. COUNTY	STATE
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK	
NOT WHILE AT WORK 21. 1 attended the deceased from	
Death occurred at	ed.
21. 1 attended the deceased from	TE SIGNED
Y I I I I I I I I I I I I I I I I I I I	<u> </u>
PREMOVED 8-5-63 Washington Park 3t. Louis Cty. R	la
ADDRESS ADDRESS DATE RECD. BY LOCAL REG. 26. RESTRAR'S SIGNATURE J. M. ADDRESS DATE RECD. BY LOCAL REG. 26. RESTRACT DATE RECD. BY LOCAL REG. 26. RESTRAR'S SIGNATURE J. M. ADDRESS DATE RECD. BY LOCAL REG. 26. RESTRACT DATE RECD. BY LOCAL RECD. BY LOCAL REG. 26. RESTRACT DATE RECD. BY LOCAL RECD. BY LO	Ď.
(Licensed Embalmer's Statement on Reverse Side)	<u>v.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certif	y that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	· · · · · · · · · · · · · · · · · · ·	, Student Embalmer No
working under my pe	rsonal supervision.	
Student	. ::	_ signed Scroy W. Bannistu
Sig	nature of Student Embalmer	Signed Seroy W. Dannistu Licensed Embalmer No. 4523
	5 \$ + F	P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.